

**US, Texas Birth Records
1903-1934**

This certificate must show the residence, ages, and occupations of the parents at the time the birth occurred. Items 20 and 21 apply only to those children born prior to and including this birth. No statement as to events occurring subsequent to this birth should be shown on this record.

USE THIS FORM FOR CORRECTING A CERTIFICATE FILED AT THE TIME THE BIRTH OCCURRED.
THIS FORM CANNOT BE USED FOR CORRECTING RECORDS FILED THROUGH THE PROBATE COURT

22998

1. PLACE OF BIRTH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH	
STATE OF TEXAS			
COUNTY OF <u>DeWitt</u>			
CITY OR PRECINCT NO. <u>Edgar</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION	
2. FULL NAME OF CHILD <u>Ottis Ray Spears</u>			
RESIDENCE OF THE MOTHER { STREET AND NO. ----- CITY <u>Edgar</u> COUNTY <u>DeWitt</u> STATE <u>Tex</u>			
3. SEX <u>Male</u>	FOR PLURAL BIRTHS ONLY: 4. TWIN, TRIPLET, OTHER	5. LEGITIMATE? <u>Yes</u>	7. DATE OF BIRTH <u>April 1st, 19 26</u>
FATHER 8. FULL NAME <u>John Claude Spears</u> SOCIAL SECURITY NUMBER 9. POSTOFFICE ADDRESS <u>Edgar, Texas</u> 10. COLOR OR RACE <u>White</u> 11. AGE AT TIME OF THIS BIRTH <u>30</u> (YEARS) 12. BIRTHPLACE (STATE OR COUNTRY) <u>Yonkum, Texas, U.S.A.</u> 13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Railroad Employee</u> 13B. INDUSTRY OR BUSINESS IN WHICH ENGAGED 20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>4</u> SIGNATURE OF INFORMANT <u>Mrs J C Spears</u>		MOTHER 14. FULL MAIDEN NAME <u>Annie Pearl Swayzo</u> SOCIAL SECURITY NUMBER 15. POSTOFFICE ADDRESS <u>Edgar, Texas</u> 16. COLOR OR RACE <u>White</u> 17. AGE AT TIME OF THIS BIRTH <u>29</u> (YEARS) 18. BIRTHPLACE (STATE OR COUNTRY) <u>Elgin, Bastrop Co. Tex. U.S.A.</u> 19A. TRADE, PROFESSION OR KIND OF WORK DONE <u>Housewife</u> 19B. INDUSTRY OR BUSINESS IN WHICH ENGAGED 21. NUMBER OF CHILDREN BORN TO THIS MOTHER AND NOW LIVING <u>4</u> ADDRESS OF INFORMANT <u>Kenedy</u>	
22. MEDICAL ATTENDANCE			
I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD <u>BORN ALIVE</u> AT _____ M. ON THE ABOVE DATE.			
AND THE PROPHYLACTIC USED TO PREVENT OPHTHALMIA NEONATORUM WAS _____			
DATE <u>194</u>		SIGNATURE <u>JACK MOWIE CLERK</u> POSTOFFICE ADDRESS <u>TEXAS</u>	
23. FILE NUMBER	FILE DATE <u>194</u>	SIGNATURE OF LOCAL REGISTRAR	POSTOFFICE ADDRESS <u>TEXAS</u>
AFFIDAVIT			
STATE OF TEXAS COUNTY OF <u>DeWitt</u>			

This and the following slide show an example of two documents with information on the same person. They are not duplicates and are indexed separately. A document is not a duplicate unless it is an identical photograph of the same document.

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

18326
22998

B. O. V. S.
FORM B

PLACE OF BIRTH

(1) County De Witt

City Cusseta

Reg. Dis. No. _____ Register No. 41

(No. _____ St.; _____ Ward)

(2) FULL NAME OF CHILD Not named } If child is not yet named, make supplemental report, as directed

(3) Sex of Child Male (4) Twin, triplet, or other _____ (5) Number in order of birth _____ (12) Legitimate Yes (13) Date of Birth April, 1, 1926
(To be answered in event of plural births) (Yes or no) (Month) (Day) (Year)

FATHER		MOTHER	
(6) FULL NAME	<u>Claude Spears</u>	(14) FULL MAIDEN NAME	<u>Pearl Swayze</u>
(7) RESIDENCE	<u>Concrete 724</u>	(15) RESIDENCE	<u>Concrete</u>
(8) COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>36</u> (Years)
(9) BIRTHPLACE <u>Texas</u>		(17) BIRTHPLACE <u>Texas</u>	
(10) OCCUPATION <u>Laborer</u>		(18) OCCUPATION <u>Housewife</u>	

(11) Number of children born to this mother, including present birth 4 Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(19) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental

report _____ 192 _____

Registrar.

(Signature) J. C. Dobb
(Physician or Midwife)

Address Cusseta 724

Filed 4/20, 1926 J. P. Bridges
By Mrs. Emil D. Dobb, Deputy Registrar.

To the County Clerk

REPORT OF BIRTH TO COUNTY CLERK.

The physician, surgeon, accoucheur (when in attendance), or either parent should immediately send this Report accurately filled out to the County Clerk of the County in which the birth takes place. Penalty for not making report within 10 days, fine of \$5.00.

of *El Paso* County. }
 Name of Child *Josfina Apolaca*
 Sex *Female* Race or Color *Mex*
 Date of this Birth *March 26th 1906.*
 Place of Birth { No *3* Street *Sicorro Texas*
 Legitimate or otherwise *Legitimate*
 Foreign or Native { Nationality of Father *Mex.*
 Parents { Nationality of Mother *Mex.*
 Name of Father *Abram Apolaca*
 Name of Mother *Crotilde Elynn*
 Still born or alive *alive*
 No. *12.* Reported by *Valentina Cordova* } M. D.
 Date *March 28, 1906.* Residence *Sicorro Texas* } Accoucheur.
 Parent.

43148

This slide and the next show overlapping documents. It is important that the document with the most complete information is indexed. On this example, only the top document would be indexed.

Sex *male* Race or Color *Mex.*
 Date of this Birth *March 26 - 1906*
 Place of Birth { No. *611* Street *Fifth*
 Legitimate *Legitimate*
 Foreign or Native { Nationality of Father *Mex.*
 Parents { Nationality of Mother *Mex.*
 Name of Father *Jose Aparasiso*
 Name of Mother *Emilia Rodriguez*
 Still born or alive *Alive*
 Date *3/30/06* Reported by *Gregoria Huella* } M. D.
 Residence *El Paso Texas.* } Accoucheur.
 Parent.

43149

See the next slide for information on indexing this record.

Clerk

Deputy

By *C. F. Enriquez*

By

SECTION 2. All Physicians, Surgeons, or Accou-
cheurs who may attend at the birth of a child, or in the
absence of such attendance, either parent of the child,
shall report the fact to the Clerk of the
County Court, together with the race to which the
child belongs, and whether legitimate or otherwise, of
foreign or native parents, whether still-born or alive,
within ten days after said birth occurs, **under a**
penalty of Five Dollars for each failure to
do so; to be collected as other fines for

Compare this following image to the last
slide. Here, the underlying document is
fully visible and is the best image from
which to capture the information.

ELLIS BROS. PRINTERY

TO THE COUNTY CLERK
OF EL PASO CO. JTY.

REPORT OF BIRTH TO COUNTY CLERK

Name of Child *Jose Aparasiso*
Sex *male* Race or Color *Mex*
Date of this Birth *March 26 - 1906*
Place of Birth No. *611* Street *Fifth*
Legitimate ☒
Nationality of Father *Mex.*
Nationality of Mother *Mex.*
Name of Father *Jose Aparasiso*
Name of Mother *Emilia Rodriguez*
Alive ☒
Date *3/30/06*
Reported by *Gregoria Ahuela* M. D.
Residence *El Paso Texas* Accoucheur.
Parent.

43149

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH: **Wichita**
County: **Wichita Falls**
City: **Wichita Falls**

Registration District No. **1504** File No. **62532**
Register No. **55620**

(2) FULL NAME OF CHILD: **Charles E. Gant, Jr.**
Sex of Child: **Male** (4) Twin, triplet, or other: ☒ (5) Number in order of birth: **1** (6) Legitimacy: **yes** (7) Date of Birth: **Sept. 3, 1926**

FATHER: (8) FULL NAME: **Chas E. Gant** (14) FULL MAIDEN NAME: **Sally M. McDonald**
(9) RESIDENCE: **1504 7 Keller** (15) RESIDENCE: **1504 7 Keller**
(10) COLOR: **White** (11) AGE AT LAST BIRTHDAY: **29** (16) COLOR: **White** (17) AGE AT LAST BIRTHDAY: **28**
(12) BIRTHPLACE: **Texas** (18) BIRTHPLACE: **Texas**
(13) OCCUPATION: **mechanist** (19) OCCUPATION: **Housewife**

(20) Number of children born to this mother including present birth: **2** (21) Number of children on this mother living: **2**

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
I hereby certify that I attended the birth of this child, who was born alive at **2400** M. on the date above stated.
Signature: **P. B. W.** Address: **Wichita**

Given name added from a supplemental report: **192**

Please note that occupations are NOT indexed in the **Titles or Terms** field.

If a given name was abbreviated, type the name as it was written on the document.

Field Title	Indexed Data
*State	Texas
*County	Wichita
*City or Town	Wichita Falls
*Certificate Number	62532
*Given Names	Charles E
*Surname	Gant
Titles or Terms	Jr
*Birth Month	Sep
*Birth Day	3
*Birth Year	1926
*Gender	M
*Mother's Given Names	Chas E
*Father's Surname	Gant
*Mother's Titles or Terms	
*Mother's Given Names	Sally
*Mother's Surname	McDonald
Mother's Titles or Terms	

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
County of Sims. Registration District No. 2 File No. _____
City [redacted] State Texas Register No. 5310

(2) FULL NAME OF CHILD _____
(If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Male (4) Twin, triplet, or other _____ (5) Number in order of birth _____ (6) Legitimate _____ (7) Date of Birth 5/15/1926
(To be answered in event of plural births) (Yes or no) (Month) (Day) (Year)

FATHER MOTHER
(8) FULL NAME J. H. Wright (14) FULL MAIDEN NAME Missie Huffman
(9) RESIDENCE Lumberton (15) RESIDENCE Lumberton
(10) COLOR White (11) AGE AT LAST BIRTHDAY 35 (Years) (16) COLOR White (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Lumberton, Tex. (18) BIRTHPLACE Davis Co., Tex.
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to this mother, including present birth 8 (21) Number of children of this mother now living 8

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive stillborn at P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

If the event place is not recorded do not assume it from a residence.

If the child's surname is not recorded, do not assume it from a parent's surname.

Field Title	Indexed Data
*State	Texas
*County	Gains
*City or Town	<Blank>
*Certificate Number	30156
*Given Names	<Blank>
*Surname	<Blank>
Titles or Terms	
*Birth Month	May
*Birth Day	15
*Birth Year	1926
*Gender	M
*Father's Given Names	A J
*Father's Surname	Wright
Father's Titles or Terms	
*Mother's Given Names	Melissie
*Mother's Surname	Huffman
Mother's Titles or Terms	

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
County of Cherokee Registration District No. _____ File No. _____
City Summerfield (No. _____ St. _____ Ward _____)
(2) FULL NAME OF CHILD Baby Scarbrough (If child is not yet named, make supplemental report, as directed)

(3) Sex of Child Male (4) Twin, triplet, or other _____ (5) Number in order of birth _____ (6) Legitimate _____ (7) Date of Birth 6/29/10
(To be answered in event of plural births) (Yes or no) Birth (Month) _____ (Day) _____ (Year) _____

FATHER (8) FULL NAME T. C. Scarbrough (14) FULL MAIDEN NAME _____
(9) RESIDENCE _____ (15) RESIDENCE _____
(10) COLOR _____ (11) AGE AT LAST BIRTHDAY _____ (Years) (16) COLOR _____ (17) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE _____ (18) BIRTHPLACE _____

19603
To the Clerk of the County Court of Cherokee County, Texas.
Name of Child unnamed
(20) Sex Male Race White Date of Birth June 29 A. 1900 M.
Place of Birth 4 miles South Summerfield
No. _____ Street _____ Legitimate or Otherwise Legitimate
Of Foreign or Native Parents } Nationality of Father American Canadian
Nationality of Mother _____
Name of Father T. C. Scarbrough
Name of Mother Bettie *
Still-Born or Alive Alive Residence of Parents 4 miles South Summerfield
No. 28 Reported J. E. Beale M. D. ACCOUCHEUR PARENT
Date 6-29-10 A. D. 1910 Residence Summerfield Tx

Field Title	Indexed Data
*State	Texas
*County	Cherokee
*City or Town	Summerfield
*Certificate Number	19603
*Given Names	<Blank>
*Surname	Scarbrough
Titles or Terms	Baby
*Birth Month	June
*Birth Day	29
*Birth Year	1910
*Gender	M
*Father's Given Names	T C
*Father's Surname	Scarbrough
Father's Titles or Terms	
*Mother's Given Names	Bettie
*Mother's Surname	Scarbrough
Mother's Titles or Terms	

This is an example of an overlay. If both documents refer to the same person, combine information from both the overlay and the page under it into one record. (* Notice the ditto marks in the mother's name field.)

AMENDMENT TO CERTIFICATE OF BIRTH			
TEXAS DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS	
PART I. INFORMATION CONCERNING REGISTRANT AS SHOWN ON ORIGINAL BIRTH CERTIFICATE.			
REGISTRANT'S FULL NAME --- Nelson		DATE OF BIRTH February 24, 1921	
PLACE OF BIRTH Ferris, Ellis County, Texas		STATE FILE NO. 8991	
PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED.			
ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION	
2	--- Nelson	Lydia Josephine Nelson	
6	Dan Nelson	Daniel Robert Nelson	
13	February 24, 1921	February 25, 1921	
PART III. ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE.			
TYPE OF DOCUMENT	DATE OF ORIGINAL ENTRY	BY WHOM ISSUED AND SIGNED	DATE ISSUED
Affidavit of Mamie Moyers Nelson	2-28-1975	Janell Hardwick Notary Public McLennan County, Texas	Received 3-7-1975
PART IV. PERSON REQUESTING AMENDMENT.			
NAME Mamie Moyers Nelson	ADDRESS 201 Waco Street Elm Mott, Texas	RELATIONSHIP TO REGISTRANT Mother	

- Amendments are corrections or additions to a birth certificate. **Index only the information on the amendment.**
- Do not gather information from or add information to the birth certificate record from the amendment.
- Do not mark an amendment as a duplicate or blank.
- Do not assume gender if none is given.
- The name of a parent may be given as the person requesting the amendment.

Field Title	Indexed Data
*State	Texas
*County	Ellis
*City or Town	Ferris
*Certificate Number	8991
*Given Names	Lydia Josephine
*Surname	Nelson
Titles or Terms	
*Birth Month	Feb
*Birth Day	25
*Birth Year	1921
*Gender	<Blank>
*Father's Given Names	Daniel Robert
*Father's Surname	Nelson
Father's Titles or Terms	
*Mother's Given Names	Mamie
*Mother's Surname	Moyers Nelson
Mother's Titles or Terms	

TEXAS STATE BOARD OF HEALTH
Certificate of Birth

Reg. No. _____ Date of Birth Sept 13-1910 Name of Child Elmer Ballard 34363

Sex Male Race or Color White Legitimacy Legitimate Nationality American

Place of Birth Elmer Ballard Residence of Parents 611 Wood St. Austin

Signature of Father Elmer Ballard Signature of Mother Litha Langston

Occupation of Father Carpenter Occupation of Mother Homemaker

Report and Residence of Parents Reported by D. B. Williamson, M.D. Manor, Tx

Permanently Recorded. Write clearly with indelible ink. Place 3-cent stamp on reverse side and mail within 4 days to City Registrar. If birth occurs in incorporated town, otherwise to County Clerk.

Some images have more than one record. Be sure to look at the entire image. The data entry area is set at 1 record per image. You may need to add additional entry lines to match the actual number of records on the image.

To do this:

On the menu bar, click **Tools**.

Click **Records per Image**.

Set the number of records to the actual number of records on the image.

Click **OK**.

A 1147--REPORT OF BIRTH--Class 2. 5310

To the Clerk of the County Court of Borystell County, Texas.

Name of Child Baby Taylor

Sex Female Race or Color White Date of Birth Feb 2nd 1910

Place of Birth New Oglesby

No. _____ Street _____ Legitimacy Legitimate

Nationality of Father American Nationality of Mother American

Name of Father Rev. William Taylor Name of Mother Emma Taylor

Still-born or Alive Alive Residence of Parents Oglesby

No. 374 Reported by D. M. Jordan M. D. SCOTTISH

Date Feb 2nd 1910 Residence Oglesby PARENT.

If the certificates include multiple births, add a record for each additional child.

Do not assume a state if none is recorded in place of event or preprinted on the form.

Reg. No. **Certificate of Birth** Town Austin
 County Travis

Date of Birth 9/7/10 Name of Child Will Bartlett

Sex F. Race or Color W. Legitimate or Illegitimate Legit Alive or Stillborn Alive **34366**

Name of Father Will Bartlett Nationality U.S.

Maiden Name of Mother Anna Hagstrom Nationality Sweden

Residence of Parents Town. Street No.

Occupation of Father Wm.

Name and Residence of Person Reporting Father C. Mm.

Permanent Record. Write plainly with unfading ink. Place 1-cent stamp on reverse side and mail to City Registrar if birth occurs in incorporated town; otherwise to County Clerk.

1345-210-50m

Type a four-digit number for the **Year**. If only a two digit number is on the document and an indexer can reasonably determine the actual year, add the first two digits of the year.

(This project is 1903-1934. The year could be reasonably determined as **1910**.)

Field Title	Indexed Data
*State	<Blank>
*County	Travis
*City or Town	Austin
*Certificate Number	34366
*Given Names	<Blank>
*Surname	<Blank>
Titles or Terms	
*Birth Month	Sep
*Birth Day	7
*Birth Year	1910
*Gender	F
*Father's Given Names	Will
*Father's Surname	Bartlett
Father's Titles or Terms	
*Mother's Given Names	Anna
*Mother's Surname	Hagstrom
Mother's Titles or Terms	

TEXAS DEPARTMENT OF HEALTH

NOTICE OF
REMOVAL

CERTIFICATE # 13342-A

FOR Betty Jane Keller

REMOVED TO Tarrant
County

February 1926
Month Year

FILED THERE AS # _____

REASON FOR REMOVAL alpha character

behind file number

VS-116.1, REV. 5/86

Notice of Removals are not to be indexed. They are to be marked
No Extractable Data. This is a change from previous instruction.

NAME

MAVERICK CLARK LITTO CO., SAN ANTONIO

No. 1018

(9) RESIDENCE

To the County Clerk
of Williamson County.

REPORT OF BIRTH TO COUNTY CLERK.
The physician, surgeon, accoucheur (when in attendance), or either parent should immediately send this Report accurately filled out to the County Clerk of the County in which the birth takes place. Penalty for not making report within 10 days, fine of \$5.00.

Name of Child Baby Kasper 4229

Sex Male Race or Color White

Date of this Birth Jan'y 4, 1910.

Place of Birth { No. Cornhill Street ---

Legitimate or otherwise Legitimate

Foreign or Native { Nationality of Father Bohemian
Parent { Nationality of Mother Bohemian-American

Name of Father Joe Kasper

Name of Mother Mrs. Joe Kasper

Still born or alive Alive Jan'y 4, 1910 at about 4³⁰ a.m.

No. 200 Cause of Death Chas. C. Foster { M. D.
Accoucheur.
Parent.

Date Feb'y 7, 1910. Reported by Chas. C. Foster

Residence Cornhill

When a woman's name is recorded with her husband's name (such as Mrs. John White), review the record to see if her name is included elsewhere. If so, index the most complete name (such as Amanda White). Otherwise, enter what is written.

Field Title	Indexed Data
*State	<Blank>
*County	Williamson
*City or Town	Cornhill
*Certificate Number	4229
*Given Names	<Blank>
*Surname	Kasper
Titles or Terms	Baby
*Birth Month	Jan
*Birth Day	4
*Birth Year	1910
*Gender	M
*Father's Given Names	Joe
*Father's Surname	Kasper
Father's Titles or Terms	
*Mother's Given Names	Joe
*Mother's Surname	Kasper
Mother's Titles or Terms	Mrs

Indexing Towns or Cities

1. PLACE OF BIRTH
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

COUNTY OF Ellis

CITY OR PRECINCT NO. Precinct 1

2. FULL NAME OF CHILD Bonnie Dee Whitt

RESIDENCE OF MOTHER Italy CITY Italy COUNTY Ellis STATE Texas

Precinct is not entered. Mark City or Town field <Blank> using Ctrl+B.

A 1347--REPORT OF BIRTH--Class 2.

To the Clerk of the County Court of Coryell County, Texas.

Name of Child Baby Oglesby

Sex Male Race or Color White Date of Birth Feb 2nd 1909

Place of Birth Near Oglesby

No. 5310 or Otherwise Legitimate

Nationality of Father American Nationality of Mother American

Name of Father William Taylor Name of Mother Lemmer Taylor

Still-born or Alive Alive Residence of Parents Oglesby

No. 374 Reported by W. M. Jordan M. D. ACQUAINTANCE

Date Feb 2nd 1909 Residence Oglesby PARENTS

Near Oglesby would be entered as
Oglesby

AMENDMENT TO CERTIFICATE OF BIRTH

TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS

PART I. INFORMATION CONCERNING REGISTRANT AS SHOWN ON ORIGINAL BIRTH CERTIFICATE

REGISTRANT'S FULL NAME Mildred Poton Bunch DATE OF BIRTH February 25, 1921

PLACE OF BIRTH Ellis County, Texas STATE FILE NO. 9002

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED.

ITEM OR ITEM NO.	ENTRY ON ORIGINAL CERTIFICATE	CORRECT INFORMATION
2	Mildred Poton Bunch	Mildred Peyton Bunch
14	Hattie Lou Bunch	Hattie Lou Grimes
1	Ellis County, Texas	<u>Rural, Ellis County, Texas</u>

Rural is not entered. Mark City or Town field <Blank> using Ctrl+B.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

(1) Ellis

Route 2, Mertens

Reg. Dis. No. 8972 Register No. 258

(2) FULL NAME OF CHILD Decca Mae Lindsay

(No. St. Ward)

(If child is not yet named, make supplemental report, as directed)

Route 2 Mertens would be entered as
Mertens

- Type only the name of the place. Do not include terms as such as **county of, county, resided in, rural, of, etc.**
- If you are having difficulty reading the name of a place, remember to use the Lookup List (Ctrl-F) as an aid.
- If the city or town has been misspelled, spell it correctly. If it has been abbreviated, and you can be sure what the abbreviation stands for, type the complete name.
- There are many internet sites to search for the counties of Texas and the cities within those counties.

Examples of Titles and Terms

Birth record for Albert Perry Jr. The 'Titles and Terms' field is highlighted with a red box and contains 'Jr'.

City	Curtin, Tex	No.		St.	
(2) FULL NAME OF CHILD: Albert Perry Jr.					
(3) Sex of Child	(4) Twin, triplet, or other	(5) Number in order of birth	(6) Legitimate	(7) Date of birth	(8) Event of plural births

Jr is entered in the **Titles and Terms** field.

Birth record for Richardson. The 'Titles and Terms' field is highlighted with a red box and contains 'Twin'.

CITY OF TEXAS					
(2) FULL NAME OF CHILD: Richardson					
(3) Sex of Child	(4) Twin, triplet, or other	(5) Number in order of birth	(6) Legitimate	(7) Date of birth	(8) Event of plural births

Terms such as **Twin, Baby, Infant, not named and Stillborn** would be entered in the **Titles and Terms** field.

Birth record for William Rogas. The 'Titles and Terms' field is highlighted with a red box and contains 'Mr'.

Name of Father	Maiden Name
Mr William Rogas	

Mr is entered in the **Titles or Terms** field.

Birth record for William Taylor. The 'Titles and Terms' field is highlighted with a red box and contains 'Rev'.

Name of Father	Maiden Name
Rev William Taylor	

Rev is entered in the **Titles or Terms** field.

Birth record for Baby Ross. The 'Titles and Terms' field is highlighted with a red box and contains 'Baby'.

Name of Child	To the Clerk of the County Court of
Baby Ross	

Birth record for Not named. The 'Titles and Terms' field is highlighted with a red box and contains 'Not named'.

FULL NAME OF CHILD	(No.)
Not named	

The given name would be marked **Blank** in both examples.

19595		Certificate of Birth		Town <i>Russ</i>	County <i>Cherokee</i>
Reg. No.					
Date of Birth <i>June, 16, 18</i>		Name of Child <i>August Watson</i>			
Sex <i>Boy</i>	Race or Color <i>white</i>	Legitimate or Otherwise <i>Legitimate</i>	Alive or Stillborn <i>Still born</i>		
Name of Father <i>John L. Watson</i>		Nationality <i>American</i>			
Maiden Name of Mother <i>Julia Watson</i>		Nationality <i>American</i>			
Residence of Parents <i>Mayfield, Tex</i>		Town <i>Mayfield</i>		Street No.	
Occupation of Father <i>Merchant</i>					
Name and Residence of Person Reporting <i>Chas. D. Gault, M.D., Russ</i>					

Permanent Record. Write plainly with unfading ink. Place 1-cent stamp on reverse side and mail to City Registrar if birth occurs in incorporated town; otherwise to County Clerk.

1365-210-50m.

As an example, stillborn is entered in the **Titles and Terms** field.

1. PLACE OF BIRTH		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH			
STATE OF TEXAS		COUNTY OF <u>Brewer</u> REGISTRAR'S NO. <u>6</u>			
CITY OR PRECINCT NO. <u>San Antonio</u>		NO. <u>2015</u> BY <u>San Antonio</u>			
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NUMBER					
2. FULL NAME OF CHILD <u>Ralph Paul Howais</u>					
3. SEX <u>Male</u>	IF PLURAL BIRTHS	4. TWIN, TRIPLET, OR OTHER	5. PREMATURE	7. LEGITIMATE?	8. DATE OF BIRTH
				<u>yes</u>	<u>June 1</u> 19 <u>10</u>
5. NUMBER, IN ORDER OF BIRTH		FULL TERM		MONTH	DAY YEAR
9. FULL NAME FATHER <u>Paul H. Howais</u>			18. FULL MAIDEN NAME MOTHER <u>Alice Ahr</u>		
10. RESIDENCE <u>San Antonio, Tx</u>			19. RESIDENCE <u>San Antonio</u>		
11. COLOR OR RACE <u>White</u>	12. AGE AT LAST BIRTHDAY <u>24</u> (YEARS)	20. COLOR OR RACE <u>White</u>		21. AGE AT LAST BIRTHDAY <u>25</u> (YEARS)	
13. BIRTHPLACE (CITY OR PLACE) (STATE OR COUNTRY) <u>Guadalupe</u>			22. BIRTHPLACE (CITY OR PLACE) (STATE OR COUNTRY) <u>It is</u>		
14. TRADE, PROFESSION, OR KIND OF WORK DONE	15. INDUSTRY OR BUSINESS IN WHICH		23. TRADE, PROFESSION, OR KIND OF WORK DONE	24. INDUSTRY OR BUSINESS IN WHICH	
<u>Salesman</u>	<u>Furniture Co</u>		<u>Household</u>	<u>Household</u>	

There is no certificate number on this document.